

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3866

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| BIRTH NO. | | REG. DIST. NO. <u>362</u> | | PRIMARY REG. DIST. NO. <u>6234</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u></u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Mary Jane Steinmetz</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1949</u> | | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb. 18, 1868</u> | |
| 9. AGE (In years last birthday) <u>80</u> | | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>10 28</u> | | 11. BIRTHPLACE (State or foreign country) <u>Knob Lick, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | | | |
| 13a. FATHER'S NAME <u>Fred Tetley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louis V. Steinmetz</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Steinmetz R.R.#2 Troy, MO.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>55E</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis with primary lesion in left breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1991</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> | |
| 19a. DATE OF OPERATION <u></u> | | 19b. MAJOR FINDINGS OF OPERATION <u></u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrenton, Mo.</u> | | 21f. HOW DID INJURY OCCUR? <u></u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Oct 1, 1948</u> , to <u>Jan 16, 1949</u> , that I last saw the deceased alive on <u>Jan 15, 1949</u> , and that death occurred at <u>3 pm</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Harold F. Holcomb M.D.</u> | | 23b. ADDRESS <u>Warrenton, Mo.</u> | | 23c. DATE SIGNED <u>1-16-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-19-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery Bonne Terre, Mo.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-18-49</u> | | REGISTRAR'S SIGNATURE <u>Thayer Logan</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co. Warrenton, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File Number
JAN 21 1949
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed John E. Herliinger

Licensed Embalmer No. 4209

P. O. Address Warrenton, Mo

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.